STATE OF NEW JERSEY REPORT OF ADOPTION

INSTRUCTIONS: This form should be completed by either the attorney representing the adoptive parent(s) or the adoption agency having custody of the child. Completion of the adoptive parent(s) information must occur PRIOR to completing information on the infant and natural parents in order to be in compliance with N.J.A.C. 121A-3.7(j)2, which restricts the disclosure of identifying information on the child and the birth parents.

	INFORMATIC	ON FROM ORIGIN	IAL BIRTH CER	HIFICATE		
	Name - First	Middle		L	ast	
Infant	Sex Date of B Male Female Mo. Day	Birth Birthplac	ce-City, County, and	State (or Country, if	not USA)	
	Mother's Maiden Name - First	Middle		L	ast	
Natural Parents	Father's Name - First	Middle		L	ast	
	INFORMATION FOR A	MENDED BIRTH	RECORD FOLLO	OWING ADOPTIC)N	
Infant	Name by Adoption - First	Middle			ast	
Adopting Mother	Maiden Name - First	Middle		L	ast	
	Present Name - First	Middle		L	ast	
	Age at Birth of Infant Date of B Mo. Day	State or Yr.	Country of Birth			
	Residence at Time of Infant's Birth	City		County	State	
	Present Address - Street and Number	City, Tov	wnship, or Boro	County	State	Zip Code
Adopting Father	Name - First	Middle		L	ast	
	Age at Birth of Infant Date of B Mo. Day	State or Yr.	Country of Birth			
		ATTORN	NEY			
ame of Attorr	ey - First Middle Last	Fi	rm Name			
lailing Addres	s Zip Code			Те	lephone No. (I	nclude Area Code
	CERTIFICATION:	-	-	escribed above w	as adopted	by the parents
		cited in this re	· —	day of ecree made in the		······································
		20, as	set fortil in the de	cree made in the		Court of
	SEAL OF THE COURT					New Jersey.
			(Signature	of the Surrogate of th	ne Court)	
				(Date)		-
adoption The fee	ort must be accompanied by a certified of decree. for creating the new Birth Certificate by is \$2.00. A copy of the Birth Certificate can and \$2.00 for each additional copy required.	y the State	Vital Statist P. O. Box 37	Department of Headiss - Correction Union		or Services